Kestrel Heights School
4700 S. Alston Ave | Durham, NC 27713
Phone: 919-484-1300 | Fax: 919-484-1355
www.kestrelheights.org

TRANSCRIPT REQUEST FORM

Student records are confidential and governed by the FERPA (Family Educational Rights and Privacy Act) law. Transcripts are issued only at the request of the student or parents. Transcript Requests will be processed when an authorized request is received in the Counselor's office or the Business Office. All request must be written and require a student or parent signature. Telephone and email requests are not acceptable.

Transcripts may be faxed, mailed or both per the request of the student or parent. A faxed copy, when received, will have "copy" stamped on it. An official transcript will bear the raised seal of Kestrel Heights School. Students can request an official transcript, which is to remain sealed in the envelope given to the student, or an unofficial transcript which will have "copy" stamped on it as well.

Allow 1- 2 business days for processing.

Student Full Name

Date of Birth

Maiden/Other Name Used

Day Time Phone

Dates of Attendance

Year graduated from Kestrel Height

☐ I did not graduate from Kestrel Heights

Address Transcript is to be sent:

Fax Information (Optional)

Recipient:

Attention:

Fax:

I authorize Kestrel Heights School to provide an official academic transcript for the authorized student listed below. I certify that the information provided on this form is true and complete to the best of my knowledge.

Online users must check this box to indicate their signature and acceptance of the terms. ☐

Parent Signature

Date

Online users must check this box to indicate their signature and acceptance of the terms. ☐

Student Signature

Date

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, is the law providing for the review and disclosure of student educational records. Kestrel Heights School will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.

Office Use Only
Date Requested: _____ ***Date Sent:*** _____ ***Initial:*** _____

CLEAR FORM SUBMIT FORM PRINT FORM